



Meals On Wheels London

Direct Debit Program Authorization Form

To authorize **Meals On Wheels London** to receive payments debited from your account, complete all sections **or** request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. Please sign and date the last page of the enclosed form*.

PAYEE : **Meals On Wheels London**
356 Queens Ave London ON N6B 1X6 Telephone: (519) 660-1430

MEALS ON WHEELS LONDON CUSTOMER (PAYOR) INFORMATION (Please Print):

Last Name: _____ First Name: _____

Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Meals On Wheels London Customer Reference Number: _____

CUSTOMER'S FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:

Name of Financial Institution: _____

Branch Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

The account that **Meals On Wheels London** is authorized to draw upon is indicated below **OR** a specimen cheque if available for this account has been marked "VOID" and attached to this authorization.

I/We agree to inform **Meals On Wheels London** in writing, or any change in the account information provided in this authorization prior to the next due date of the PAD.

Credit Union Office Use Only, Please	
Account Number at F.I.: -----	
Institution # -----	Branch # -----

F.I. Branch to Stamp & Sign as Verification	
F.I. Staff Signature	Date



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AGREEMENT BETWEEN MEALS ON WHEELS LONDON AND CUSTOMER(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:

1. I/We acknowledge that this authorization is provided for the benefit of **Meals On Wheels London** and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.
3. I/We hereby authorize **Meals On Wheels London** to draw on my/our account, with my financial institution as indicated on the attached of this authorization for the following purpose:
 - **Client Fees as per monthly invoice**
4. The authorized frequency of the debit transaction is monthly on the 10th of every month.
5. This agreement may be cancelled at any time by providing **Meals On Wheels London** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Meals On Wheels London**. For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca .
6. I/We acknowledge that providing and delivering this authorization to **Meals On Wheels London** constitutes delivery by me/us to my/our financial institution.
7. **Meals On Wheels London** will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, a minimum of 2 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).
8. My/our financial institution is not required to verify:
 - a) that a PAD has been issued in accordance with the particulars of this Payor's PAD Agreement including, but not limited to, the amount
 - b) that any purpose of payment for which this PAD was issued has been fulfilled by **Meals On Wheels London** as a condition to honouring a PAD issued or caused to be issued by **Meals On Wheels London** on my/our account.
9. This Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **Meals On Wheels London**.

(continued on other side)

10. I/We have certain recourse rights. I/We may dispute this PAD under any of the following



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conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement;
or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Meals On Wheels London**. **To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca .**

- 11. I/We understand and accept my/our participation in this PAD arrangement.
- 12. I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union limited.

Customer Signature:

Date:

Customer Signature:

Date:
